		⊏liecti∧6 (October 1, 2	2003			_		
	CLA	IMS AS FIL	ED - PART	1		10	53201e	4	
TOTAL C		(Co	lumn 1)	(Column 2)	SI	MALL ENTI	TV	1	_
'		1		100(011)(1 2)		PE		OTHER T	ΓΗΑ
FOR				,	. [RATE F	EE	SMALL EI	NŢII
TOTAL CHARGEARIE		NUM	NUMBER FILED NUMBER EXTRA		7 -		L	RATE	FE
TOTAL CHARGEABLE CLAIMS		AIMS	minus 20= *			SIC FEE 38	5.00 OR B	ASIC FEE 7	770.(
INDEPEND	ENT CLAIMS			-		(\$ 9=	7 1		
MULTIPLE	DEPENDENT CL	444.5	minus 3 =	^	-		OR	X\$18=	
					- 1 L	(43≒	OR	X86=	
* If the diffe	erence in colum	n 1 is loss #				45=			
	erence in colum	i i is less than	i zero, enter	"0" in column 2			OR +	290=	•
	CLAIMS,	AS AMENDI	ED - PART	· ii	TO	TAL	OR TO	DTAL	
	TOOIGITI	<u>! !)</u>	(Columr					L	-
¥ .	CLAIM REMAIN	S NG	HIGHES	ST T	13) SM	ALL ENTIT	Y OR SA	THER THA	1N
Total Independe	AFTEF AMENDM	1 .	NUMBE PREVIOU:	PRESEN	п	ADDI		ALL ENTI	
Total	- MIZNOMI		PAID FO	OLI I COMM.	RA	TE TIONA	L R	ATE TIO	DI-
Independe		Minus	**		1	FEE	- L	ATE TIOI	
FIRST CO		Minus -	***		X\$ s	9=	OR X\$	18=	
T- MOLPH	ESENTATION O	MULTIPLE DE	PENDENTC	AIM	X43	=	7 1-		
1 4	,		0	- 1111	→		OR X8	6=	
LILA	~				+145	= '	OR +29	0-	
0/12/0	(Column 1	·	.•	• •.	TOT	AL .	-		
V	CLAIMS		(Column 2	(Column 3	ADDIT, F	EE	OR ADDIT	TAL FEE	
Total Independent	REMAINING AFTER	1 1	HIGHEST NUMBER	200	7	-			
Total	AMENDMEN		PREVIOUSLY PAID FOR	EXTRA	RATE	ADDI- TIONAL		ADDI	7
	1.4	Minus	** 21)			FEE	RATE		L
Independent	* 3	Minus		= .	X\$ 9=			FEE	4
FIRST PRES	ENTATION OF M	ULTIPLE DEDE	***	=	l	1	OR X\$18:	=	
		DEPE	NDENT CLAI	м 🔲	X43=		OR X86=		1
•					+145=				4
	•		٠.		TOTAL		PR +290=	1	1
	(Column 1)		(Column 2)	10	ADDIT. FEE	c	OR ADDIT. FE	<u> </u>	1
	CLAIMS REMAINING		HIGHEST	(Column 3)		•	·		f
	AFTER AMENDMENT		NUMBER PREVIOUSLY	PRESENT		ADDI-			1
tal			PAID FOR	EXTRA	RATE	TIONAL	RATE	ADDI-	
lependent		Minus **		=		FEE		TIONAL FEE	1
	*	Minus **	*		X\$ 9=	OF	X\$18=		1
IST PHESEN	ITATION OF MUI	TIPLE DEPEN	DENT CLAIM		X43=				
						OR	X86=		•
Highest Num	n 1 is less than the per Previously Paid	entry in column a	write son :		+145=		1000		
Tioner intill	n 1 is less than the per Previously Paid per Previously Paid or Previously Paid	For IN THIS SPA	CE is less than	mn 3. 20. entor *** -		OR	+290=		
Highest Numi	Province D	IN THIS SPA	CE is less than	3, enter *3 *	ADDIT FEE	OR	TOTAL		
Highest Number	" Treviously Paid F	or (10tal or Inden	Andorst I						
Highest Number	r reviously Paid F	or (lotal or indep	endent) is the h	lghest number fou	nd in the approp	orlate box in co	ADDIT. FEEL		
Highest Number Highest Number 10/03	i reviously Paid F	or (lotal or Indep	endent) is the h	ignest number fou	nd in the approp				